

Mail Stop: AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



In re application of: **Benjamin OSHLACK et al.**
Application No.: 10/701,041
Filed: November 4, 2003
For: **TAMPER-RESISTANT ORAL OPIOID AGONIST FORMULATIONS**

Sir:

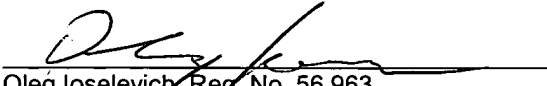
Transmitted herewith is a **Information Disclosure Statement (2 pages)** in the above-identified application.

- ☐ Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.
☐ Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.
☐ No fee for additional claims is required.
☐ A filing fee for additional claims calculated as shown below, is required:

| FOR: | (Col. 1) | (Col. 2) | | SMALL ENTITY | | OR | LARGE ENTITY | |
|--|-------------|------------|---------|--------------|-----|----|--------------|--------|
| | REMAINING | HIGHEST | | RATE | FEE | | RATE | FEE |
| | AFTER | PREVIOUSLY | PRESENT | | | | | |
| | AMENDMENT | PAID FOR | EXTRA | | | | | |
| TOTAL CLAIMS | 16 Minus 20 | = | 0 | x \$ 9 | \$ | | x \$ 18 | \$0 |
| INDEP. CLAIMS | 2 Minus 3 | = | 0 | x \$ 44 | \$ | | x \$ 88 | \$0 |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | + \$150 | \$ | | + \$300 | \$0 |
| TOTAL: | | | | \$ | | OR | TOTAL: | \$0.00 |

- * If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

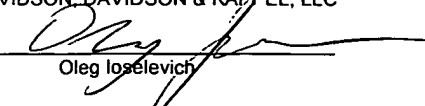
- ☒ Also transmitted herewith are:
☐ Petition for month extension under 37 C.F.R. 1.136
☒ Other: **Form PTO-1449 (1 page) with the document cited in the Foreign Patent Documents section and return postcard**
- ☒ Check(s) in the amount of **\$180.00** is/are attached to cover:
☐ Filing fee for additional claims under 37 C.F.R. 1.16
☐ Petition fee for month extension under 37 C.F.R. 1.136
☒ Other: **Information Disclosure Statement fee**
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.
- ☒ Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
☒ Any patent application processing fees under 37 C.F.R. 1.17.
☒ Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.


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I hereby certify that the documents referred to as attached therein and/or transmitted herewith and/or fee(s) are being deposited with the United States Postal Service as "first class mail" with sufficient postage in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 20, 2007.

DAVIDSON, DAVIDSON & KAPPEL, LLC

BY:


Oleg Ioselevich



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No. : 10/701,041 Confirmation No.: 6154
 Applicant : Benjamin OSHLACK et al.
 Filed : November 4, 2003
 Art Unit : 1616
 Examiner : James Henry ALSTRUM ACEVEDO
 For : **TAMPER-RESISTANT ORAL OPIOID
 AGONIST FORMULATIONS**

Attorney Docket No. : 200.1133CON2

Customer No. : 23280

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

December 20, 2007

**INFORMATION DISCLOSURE
 STATEMENT UNDER 37 C.F.R. § 1.56**

Sir:

In accordance with Applicant's duty of disclosure under 37 C.F.R. § 1.56 and the provisions of 37 C.F.R. §§ 1.97 and 1.98, Applicants hereby make of record the documents cited on the accompanying Form PTO-1449 (1 page) for consideration by the Examiner in connection with the examination of the above-identified patent application.

In accordance with 37 C.F.R. 1.98(a)(2), a copy of the cited document in the FOREIGN PATENT DOCUMENTS section of accompanying Form PTO-1449 (1 page) is enclosed. If it is determined that a copy of the cited document is missing and is required, the Examiner is respectfully requested to contact the undersigned so that the missing copy may be forwarded.

12/27/2007 SDENB081 00000023 10701041

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It is respectfully requested that the documents cited on the accompanying Form PTO-1449 (1 page) be considered and made of record.

This Information Disclosure Statement is filed under 37 C.F.R. §1.97(c), "before the mailing date of any final action under § 1.114," and is accompanied by the check for \$180.00, the fee set forth in § 1.17(p). If it is determined that any additional fee is due or an overpayment has been made in connection with the filing of this Information Disclosure Statement, the Examiner is authorized to charge said fee or to credit said overpayment to Attorney Deposit Account No. 50-0552.

Respectfully submitted,
DAVIDSON, DAVIDSON & KAPPEL, LLC

By: 

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